## ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(571) 273-2885

INSTRUCTIONS: This form should be used for the insmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further corresponded to the current correspondence address as indicated unless corrected below or directed effective in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

28970

7590

11/14/2005

PILLSBURY WINTHROP SHAW PITTMAN LLP 1650 TYSONS BOULEVARD MCLEAN, VA 22102

01/18/2006 MBEYENE2 00000193 033975 10612979

01 FC:1504 02 FC:2501 300.00 DA 700.00 DA

03 FC:8001

30.00 DA

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Signature)
(Date)

(Depositor's name)

10/612,979

07/07/2003

Katsushige Nakamura

MIY0001-DIV.

CONFIRMATION NO.

6379

TITLE OF INVENTION: MEDICAL STAND APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL F	FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$	1000	02/14/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	$\neg$		
PHILOGENE, PEDRO		3733		606-130000			
CFR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth i	ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Be as an assignee is identified bein 37 CFR 3.11. Completion NEE	Correspondence  ation form  of a Customer  E PRINTED ON 7  clow, no assignee of this form is NO	(1) the na or agents (2) the na registered 2 registered listed, no THE PATEN data will app T a substitute (3) RESIDENCE	pear on the patent. If an assist for filing an assignment.  CE: (CITY and STATE OR O	as a member a names of up to i. If no name is	Pillsk Sha	el Bednarek Dury Winthrop aw Pittman LI Cocument has been filed for
	ce assignee category or categore enclosed:	ries (will not be pr			Corporation or	other private gr	oup entity Government
X ☑ Issue Fee			A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
XXXThe Director is hereby authorized by charge the required fee(s), or credit any overpaym Deposit Account Number 03-3975 (enclose an extra copy of this form).							credit any overpayment, to opy of this form).
XXX. Applicant claims S	s (from status indicated above SMALL ENTITY status. See It is requested to apply the lss Publication Fee if required cords of the inited States are	) 37 CFR 1.27.	b. Applic	cant is no longer claiming SM	MALL ENTITY	status. See 37 C	FR 1.27(g)(2).
Authorized Signature	Michael Bedn			Date	January	17, 20	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.